Page 1 of 5

## FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

	ted States rironmental Protency	tection	Sect	tion kno	313 of the own as Tit	e Em le III	ergency F of the Sup	Plannii perfun	ng a nd A	and C men	Commur dments	nity Ri and F	ght-to-k Reautho	Knov oriza	v Act	t of 19 Act	986,	i Ortivi	
WHE	RE TO SEND COM	IPLETED	FORM	MS: 1	P.O Box Merrifiek	3348 d, VA			(See	e instr	RIATE ST uctions in			F	is a	er "X" h revisio A use o	n	his	
imp	ortant: See ii	nstruc	tions	s to	determi	ne v	vhen "No	ot Ap	pli	cabl	e (NA)	" box	ces sh	oul	d be	che	cked.	•	
			Р	AR	T I. FA	CILI	TY IDE	NTIF	IC/	ATIC	N INF	ORN	OITAN	N					
SEC	TION 1. REPO	RTING	YEA	R '	1999														
SEC	TION 2. TRAD	E SEC	RETI	INF	ORMATIC	N													
2.1	Are you claiming to Yes (Answe Attach				•	Do (Do	trade secret not answer to Section 3	2.2;	2	2	s this cop	-		Saniti	zed		Ur	nsanitize	d
SEC	TION 3. CERT	IFICAT	ION	(lm	portant:	Rea	d and sig	ın afte	er c	omp	leting a	ill for	m sect	ions	5.)				
inform using	by certify that I hav nation is true and co data available to th	omplete a ne prepar	and tha ers of t	at the this r	amounts an	nd valu	ues in this re												
Name	and official title of	owner/op	perator	or se	enior manag	emen	t official:					Signati	ure:					Date S	Signed:
WILLIA	M H. ROSEN				MANAGER	R												06/30/2	000
SEC	TION 4. FACIL	ITY ID	ENTII	FIC	ATION														
4.1								TRIF	acilit	ty ID N	lumber	98134-L	SKNC-320	006					
Facility	or Establishment Nar	me						Facility	y or E	stablis	hment Nan	ne or Ma	iling Addre	ess(if	differer	nt from s	treet ad	dress)	
ALASKA	AN COPPER WORKS							ALASK	AN CC	OPPER	WORKS								
Street	j							Mailing	g Add	ress									
3200 61	H AVE. S.							P.O. BC	OX 354	46									
City/Co	ounty/State/Zip Code	_						City/Co	ounty	/State/	Zip Code								
SEATTL	.E	KING				W	/A 98134-	SEATT	LE							WA	98124-		
4.2	This report contact (Important : chec				pplicable)		a. X	An en facility			b. [		Part of a facility		C.		A Fe facili	deral ty	
4.3	Technical Contac	t Name		SH	AWN RAJABI	 I								Telep	hone N	Number	(include	area code	9)
				_										·	944 - 9				
4.4	Public Contact Na	ame		JA	MES C. BROV	٧N								<u> </u>	623 -		(include	area code	<u>=)</u>
4.5	SIC Code (s) (4 d	ligits)		a.	Primary 3498		b. 344	3	c	. 3 <sup>4</sup>	471	d.			e.			f.	
4.6	Latitude	De	grees		Minute	S	Secon	nds					Degrees			Minute	s	Sec	onds
7.0		<u> </u>	47		34		23			ron	gitude		122			19			9
4.7	Dun & Bradstreet Number(s) (9 digi		4.8		RA I.D. No.)			4.9			PDES Pe		4.10	1			,	Well Co	
	09255571			WAD	980738546			a. N	NΑ				a. N	NA.					
b. N/				NA				b.					b.						
SEC	TION 5. PARE	NT CO	MPA	NY	NFORMA	TIO	N'												
5.1	Name of Parent (	Company		NA			ALASKAN	COPP	ERC	COMP	ANIES	NC.							

NΑ

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Parent Company's Dun & Bradstreet Number

5.2

009255571

## **EPA FORM R**

TRI Facility ID Number
98134-LSKNC-32006
Toxic Chemical, Category or Generic Name
MANGANESE COMPOUNDS

	PART II. CHEMICA	Toxic Chemic	Toxic Chemical, Category or Generic Name								
				MANGANESE CO	MANGANESE COMPOUNDS						
SECT	ION 1. TOXIC CHEMICAL	IDENTITY	(Important: DO NOT comple	ete this section if you cor	npleted Section 2 below.)						
1,	DAC N //		s on the Section 313 list. Enter category code if	-							
1.1	N450	er exactly as it appear	s on the Section 313 list. Enter category code if	reporting a chemical category.)							
		mportant: Enter only o	one name exactly as it appears on the Section 31	ame exactly as it appears on the Section 313 list.)							
1.2	MANGANESE COMPOUNDS	····									
1.3	Generic Chemical Name (Important: Complete	only	if Part 1, Section 2.1 is checked "yes". Gener	ic Name must be structurally desc	riptive.)						
1.0	NA										
SECT	ION 2. MIXTURE COMPO	NENT IDENT	ITY (Important: DO NOT comple	ete this section if you co	mpleted Section 1 above.)						
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)										
2.1	NA										
SECT	ION 3. ACTIVITIES AND U	ISES OF THE	TOXIC CHEMICAL AT THE	FACILITY							
	(Important: Check all t	hat apply.)									
3.1	Manufacture the toxic cher	nical: 3.2	Process the toxic chemical:	3.3 Otherwise	use the toxic chemical:						
a.	Produce b. X Imp	ort									
	If produce or import:										
C.	X For on-site use/processing	a.	As a reactant	a. As a che	mical processing aid						
d.	For sale/distribution	b.	As a formulation component	b. As a mar	nufacturing aid						
e.	As a byproduct	c.	X As an article component	c. Ancillary	or other use						
f.	As an impurity	d.	Repackaging								
SEC1	TION 4. MAXIMUM AMOUN	IT OF THE T	OXIC CHEMICAL ONSITE AT	ANY TIME DURING	THE CALENDAR YEAR						
4.1	05 (Enter two-d	igit code from	instruction package.)								
SECT	TION 5. QUANTITY OF TH	E TOXIC CHE	MICAL ENTERING EACH EN	NVIRONMENTAL ME	DIUM ONSITE						
			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater						
5.1	Fugitive or non-point air emissions	NA 🗍	5	0							
5.2	Stack or point air emissions	NA x	NA								
5.3	Discharges to receiving streams water bodies (enter one name pe										
	Stream or Water Body Nar	ne									
5.3.1	NA										
5.3.2											
5.3.3											
5.4.1		NA X	· NA								
5.4.2	Underground Injection onsite to Class II-V Wells	NA X	NA								
1	tional pages of Part II, Section 5. dicate the Part II, Section 5.3 pag		indicate the total number of pages is box. 1 (example: 1,2,3, e	L1							

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\* Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

## EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Fac	ility ID Number
98134-L	SKNC-32006
	La La Catanana Conorio Name
Toxic C	hemical, Category or Generic Name

	I II. CHEN						(					COMPOUNDS			
SECTIO	N 5. QUAN	TITY OF	THE TO	XIC	CHEMICA	L ENT	ERING	EACH E	NVIR	ONMEN	ITAL	MEDIUM	ONSITE	(Cc	ontinued)
		148		NA	A. Total Re	lease (		ear) (enter		B. Basi		stimate			
5.5	Disposal to la	nd onsite			Air The second second	100					¥.	2.000 2.000		SI .	al al an a
5.5.1A	RCRA Subtit	e C landfills	,	X	NA										
5.5.1B	Other landfills	3		×	NA	<u> </u>									
5.5.2	Land treatme farming	nt/application	on	X	NA										
5.5.3	Surface Impo	oundment		Х	NA										
5.5.4	Other dispos			X	NA NA										
	ON 6. TRAN									SITE LO	CAT	IONS	<u>,</u>		
6.1 DIS	CHARGES	TO PUB	LICLY	NWC	ED TREA	TMENT	r worl	KS (POT	Ws)						
6.1.A T	otal Quantity	/ Transfei	red to P	OTW	s and Basi	s of Es	timate								
	. Total Trans						6.1.A	.2 Basis		imate					
	(enter range	e code* or	estimate	)				(enter	code)						
	Α							0							
6.1.B.1		OTW Name	METRO												
POTW	Address		821 SEC	OND	AVENUE			···					<del></del>		
City	SEATTLE			_		State	WA	County	KING			,	Zip	9	8104- 
6.1.B.2	2	POTW Name	NA												
POTW	Address														
City			<u> </u>			State		County					Zip	· <u> </u>	-
1	tional pages o	of Part II, Se	ection 6.1	are a	ttached, indi	icate the	total nu	mber of p	ages 1	(exampl	le: 1,2,	3, etc.)			
in this	FION 6.2 TR									)		<del>,,,,</del> ,	_ ,		
SECI									980735	500	<del>-</del>				
6.2. <u>1</u>	Off-Site E	PA Identif	ication N	umbe	er (RCRA ID	No.)		AZD	960730						
Off-Sit	e Location Nar	ne W	ORLD RE	SOU	RCES COMP	ANY									
Off-Sit	e Address	8113 WE	ST SHER	MAN				1					1		05040
City	PHOENIX				State	AZ	County	MARICO	PA				Zi	<u>P</u>	85043-
le loca	tion under con	trol of repor	ting facilit	y or pa	arent compar	 ny?						Yes	Х		No

TOLE - Hit. ID Number

	as v	EDA E	ORM R				TRI Facility ID Number				
							98134-LSKNC-32006 Toxic Chemical, Categor	ony or Generic Name			
PART II. CH	HEMICAL-SI	PECIFIC	INFORMAT	LION (CC	ONTINUED)		MANGANESE COMPOUNDS	ny or Generic Hame			
SECTION 6.2	TRANSFERS	TO OTHE	R OFF-SITE L	OCATION	S (Continue	d)					
A. Total Transfer			B. Basis of Est			С	. Type of Waste Treatm				
(enter range c	ode* or estimate)		(enter code)				Recycling/Energy Re	covery (enter code)			
1. 500			1. M			1.	M24				
2.			2.			2.					
3.			3.			3.					
<b>.</b>			4.			4.					
	te EPA Identifica	tion Numb	er (RCRA ID No	.)							
5.2. <u>2</u> Oil-Gi	ite El A identine			<u> </u>							
Off-Site location l	Name										
Off-Site Address											
				Tail	County			Zip -			
City				State	County						
Is location un	der control of re	eporting fa	acility or parent	company'	?		Yes	No			
	ansfers (pounds/			Basis of Esti	mate		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
(enter ra	inge code* or estim	nate) 	(	(enter code)							
1.			1.				1.				
2.			2.								
3.			3.				<b>3.</b>				
4.			4.				ł.				
SECTION 7A	A. ON-SITE W	ASTE TRI	EATMENT ME	THODS A	ND EFFICIENC	CY					
		Check here in	f no on-site waste	treatment is	applied to any						
X Not A					or chemical categ		d. Waste Treatment	e. Based on			
General	1		Method(s) Sequen	ice	c. Range of Inf		Efficiency	Operating Data ?			
Waste Stream (enter code)	[enter	3-character	code(s)j				Estimate				
	7A.1b	- 4	2	T	7A.1c		7A.1d	7A.1e			
7A.1a		1 1						Yes No			
NA	] 3	7 -					%				
	6 7A 2b	<u>_</u>	2		7A. 2c		7A. 2d	7A.2e			
7A.2a	7A. 2b	, <u> </u>	5					Yes No			
	3	4 4					%				
	6	7	8		7A.3c		7A.3d	7A.3e			
7A.3a	7A.3b	, 1 <u> </u>	2		77.30			Yes No			
	3	4 _	5				%				
	6	7	8		<del></del>		7A.4d	7A.4e			
7A.4a	7A.4b	1	2		7A.4c		77.40	Yes No			
	3	4	5				%				
	6	7	8					70.50			
7A.5a	7A.5b	1	2		7A.5c		7A. 5d	7A.5e Yes No			
1 to 1	3	4	5				%	Yes No			
	6	7 7	8								
If additional pa	ges of Part II, Sec	tion 6.2/7A	are attached, inc	dicate the to	al number of pag	jes in	this box 1				

1 (example: 1,2,3, etc)

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and indicate the Part II, Section 6.2/7A page number in this box :

<sup>\*</sup> Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

## Page 5 of 5 **EPA FORM R** TRI Facility ID Number 98134-LSKNC-32006 PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Name MANGANESE COMPOUNDS SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES Check here if no on-site energy recovery is applied to any waste Х Not Applicable (NA) stream containing the toxic chemical or chemical category. Energy Recovery Methods [enter 3-character code(s)] NA **SECTION 7C. ON-SITE RECYCLING PROCESSES** Not Applicable (NA) - Check here if no on-site recycling is applied to any waste Х stream containing the toxic chemical or chemical category. Recycling Methods [enter 3-character code(s)] NA 2. 3. 8. 10. **SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES** Column A Column B Column C Column D Prior Year **Current Reporting Year** Following Year Second Following Year (pounds/year) (pounds/year) (pounds/year) (pounds/year) 8.1 Quantity released \*\* 5 5 5 5 Quantity used for energy recovery 8.2 0 0 0 0 Quantity used for energy recovery 8.3 0 0 0 0 offsite 8.4 Quantity recycled onsite 0 0 0 0 8.5 Quantity recycled offsite 332 500 400 400 8.6 Quantity treated onsite 0 0 0 0 8.7 Quantity treated offsite 0 0 0 0 Quantity released to the environment as a result of remedial actions catastrophic events, or one-time events not associated with production 8.8 processes (pounds/year) 8.9 Production ratio or activity index Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11. 8.10 Source Reduction Activities Methods to Identify Activity (enter codes) [enter code(s)]

b.

b.

b.

c.

c.

Ç.

YES

NO

Х

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T04

T01

T03

a.

a.

a.

a. b.

Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)

\*\* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

8.10.1

8.10.2

8.10.3

8.10.4

8.11

W19

W36

W21